



## TEEN PARENT LIVING ASSESSMENT

SOCIAL WORKER NAME

DATE OF HOME VISIT

COMMUNITY SERVICES OFFICE (CSO)

TELEPHONE NUMBER (AND AREA CODE)

**SECTION 1****CLIENT INFORMATION**

TEEN'S NAME (INCLUDE OTHER NAMES USED)

BIRTH DATE

AGE

CLIENT IDENTIFICATION NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

MESSAGE TELEPHONE NUMBER (INCLUDE AREA CODE)

TEEN'S DOCTOR NAME

DOCTOR'S NAME FOR CHILD(REN)

HEALTHY OPTIONS PLAN

NUMBER OF CHILDREN

**TEEN PARENT'S CHILDREN**

NAME

BIRTH DATE

ADDRESS

MARITAL STATUS

☐ Emancipated☐ Single☐ Married☐ Living with father of baby

FATHER OF BABY (NAME) (IF MORE THAN ONE FATHER OF CHILDREN, PLEASE ATTACH ADDITIONAL INFORMATION TO THIS FORM)

BIRTH DATE

STREET ADDRESS

CITY

STATE

ZIP CODE

EMPLOYMENT HISTORY

SUBSTANCE ABUSE HISTORY

CRIMINAL HISTORY

Why is teen not living with parents?

Teen's current housing situation: ☐ Apartment or house ☐ Trailer ☐ Shelter ☐ Other: \_\_\_\_\_How long: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Size: \_\_\_\_\_  
(I.E., ONE BEDROOM, TWO BEDROOMS)Does teen have own room? ☐ Yes ☐ NoDoes teen intend to stay there? ☐ Yes ☐ NoAre there other living arrangements available? ☐ Yes ☐ NoIs teen living under adult supervision? ☐ Yes ☐ NoIf yes, does the adult display parental authority (i.e., curfew, chores) ? ☐ Yes ☐ No Explain your answer.**ALL PEOPLE LIVING IN HOUSEHOLD (EXCLUDING TEEN)**

NAME

BIRTH DATE

AGE

RELATIONSHIP

## TEEN PARENT LIVING ASSESSMENT

SECTION 2		CLIENT PARENTAL	
PARENT ONE		PARENT TWO	
PARENT'S NAME		PARENT'S NAME	
TELEPHONE NUMBER (INCLUDE AREA CODE)		TELEPHONE NUMBER (INCLUDE AREA CODE)	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE ZIP CODE	CITY	STATE ZIP CODE
STEPPARENT'S NAME		STEPPARENT'S NAME	
<u>LEGAL ISSUES</u>		<u>LEGAL ISSUES</u>	
<u>CPS INFORMATION</u>		<u>CPS INFORMATION</u>	
Is the parent willing to have the teen reside in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain parent's criteria for having the teen in the home:		Is the parent willing to have the teen reside in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain parent's criteria for having the teen in the home:	
<b>SECTION 3</b>		<b>TEEN'S ECONOMIC STATUS</b>	
SOURCES OF MONTHLY INCOME Is teen receiving a grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much: _____ Is teen currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____ Wage or salary: _____		YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the teen cooperating with the Division of Child Support? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are the teen's parents willing to contribute to the support of the teen? If yes, how much per month: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the father of the baby willing to support the teen and/or the baby?	
<b>SECTION 4</b>		<b>TEEN'S EDUCATIONAL INFORMATION</b>	
Is the teen currently in high school or a GED program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____ If no, what was the last school attended: _____ Last grade completed? _____			
Is or has the teen been enrolled in Special Ed classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
Does the teen work with a school counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, COUNSELOR'S NAME AND TELEPHONE NUMBER (INCLUDE AREA CODE)	
What are the teen's future goals?			
<b>SECTION 5</b>			
<b>FAMILY PLANNING, MEDICAL, PSYCHOSOCIAL ISSUES</b>			
Is the teen currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the teen using birth control? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: _____ If no, what are future plans regarding birth control:		Is the teen receiving support from other sources (i.e., WIC, Public Health Nurse)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
		Is the teen receiving support from family and/or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	

**TEEN PARENT LIVING ASSESSMENT**

**SECTION 6**

**TEEN'S LEGAL ISSUES**

CURRENT ISSUES

PAST ISSUES

OUTSTANDING FINES

OUTSTANDING WARRANTS

IF APPLICABLE, PROBATION OFFICER'S NAME

TELEPHONE NUMBER (INCLUDE AREA CODE)

CITIZENSHIP STATUS

☐ U.S. citizen

☐ Documented alien

☐ Undocumented alien

☐ Refugee

**SECTION 7**

**CLIENT HISTORY**

YES NO

REFERRALS/NOTES

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical issues: _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional issues: _____                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical abuse: _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse: _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neglect: _____                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Domestic violence: _____                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Is teen currently in fear of anyone? Comments: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression: _____                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicidal thoughts or actions: _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Anger problems: _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitalizations: _____                              |

## TEEN PARENT LIVING ASSESSMENT

SECTION 8 CHILD PROTECTIVE SERVICES (CPS) INVOLVEMENT							
PAST OR PRESENT WITH FAMILY OF ORIGIN				PAST OR PRESENT WITH TEEN AND HER CHILD			
NAME OF CPS CASE WORKER				NAME OF CPS CASE WORKER			
SECTION 9 PARENTING CLASSES				SECTION 10 COUNSELING/THERAPY			
Has teen had parenting classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where:				Has teen been in or currently receiving counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, where:			
Is teen interested in either of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, referral to:							
SECTION 11 SUBSTANCES							
SUBSTANCE	USED PRESENTLY			USED IN THE PAST			COMMENTS
	YES	NO	AMOUNT	YES	NO	LAST USE DATE	
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Over the counter drugs	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Crack	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Is there a family history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following:							
WHO?	WHAT SUBSTANCE?	WHEN?	WHO?	WHAT SUBSTANCE?	WHEN?		
COMMENTS							
SECTION 12 PROTECTIVE PAYEE INFORMATION							
<b>Explain to the teen what a Protective Payee (PP) is and why a PP is assigned.</b>							
PROTECTIVE PAYEE'S NAME				TELEPHONE NUMBER (INCLUDE AREA CODE)			

## TEEN PARENT LIVING ASSESSMENT

## SECTION 13

## REFERRAL FORM FOR FINANCIAL CASE MANAGER

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

**RE: TEEN LIVING ASSESSMENT**

NAME OF TEEN

CLIENT IDENTIFICATION NUMBER

Living situation:

- ☐ Approved  
☐ Denied

NAME OF ASSIGNED PROTECTIVE PAYEE

ADDRESS AND TELEPHONE NUMBER OF ASSIGNED PROTECTIVE PAYEE

If client is not living in an adult supervised setting but living situation is approved, please explain:

COMMENTS AND FOLLOW-UP

SOCIAL WORKER'S SIGNATURE

DATE

SOCIAL SERVICE SUPERVISOR'S SIGNATURE

DATE

CSO ADMINISTRATOR'S SIGNATURE (IF NECESSARY)

DATE